

<i>SERFF Tracking Number:</i>	<i>NYPX-125958479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>41162</i>
<i>Company Tracking Number:</i>	<i>308-993</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>BOLI 30 & 50 Claim Account Rider</i>		
<i>Project Name/Number:</i>	<i>BOLI 30 & 50 Claim Account Rider/308-993</i>		

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: BOLI 30 & 50 Claim Account Rider SERFF Tr Num: NYPX-125958479 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 41162

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

Co Tr Num: 308-993

Co Status:

Author: SPI

NYLProductCompliance

Date Submitted: 12/19/2008

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/23/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: BOLI 30 & 50 Claim Account Rider

Project Number: 308-993

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/23/2008

State Status Changed: 12/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see the attached cover letter.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Company and Contact

Filing Contact Information

Sean Hebron, SENIOR CONTRACT ASSISTANT	Sean_Hebron@nyl.com
51 Madison Avenue	(212) 576-4809 [Phone]
New York, NY 10010	(212) 447-4141[FAX]

Filing Company Information

New York Life Insurance and Annuity Corporation	CoCode: 91596	State of Domicile: Delaware
51 Madison Avenue	Group Code: 826	Company Type: Life
Room 604		
New York, NY 10010	Group Name:	State ID Number:
(212) 576-4809 ext. [Phone]	FEIN Number: 13-3044743	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$40.00	12/19/2008	24643610

<i>SERFF Tracking Number:</i>	<i>NYPX-125958479</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/23/2008	12/23/2008

<i>SERFF Tracking Number:</i>	<i>NYPX-125958479</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>BOLI 30 & 50 Claim Account Rider</i>		
<i>Project Name/Number:</i>	<i>BOLI 30 & 50 Claim Account Rider/308-993</i>		

Disposition

Disposition Date: 12/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYPX-125958479 State: Arkansas

Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41162

Company Tracking Number: 308-993

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: BOLI 30 & 50 Claim Account Rider

Project Name/Number: BOLI 30 & 50 Claim Account Rider/308-993

Item Type	Item Name	Item Status	Public Access
Supporting Document	Outline of Coverage		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Application		No
Supporting Document	Certification/Notice		No
Supporting Document	Memorandum Of Variable Material for Forms 308-993 and 22649CAR		Yes
Supporting Document	Bracketed Premium Allocation Form		Yes
Supporting Document	Readability Certification		Yes
Form	Claim Account Rider		Yes
Form	Premium Allocation Form		Yes

SERFF Tracking Number: NYPX-125958479 State: Arkansas

Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41162

Company Tracking Number: 308-993

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: BOLI 30 & 50 Claim Account Rider

Project Name/Number: BOLI 30 & 50 Claim Account Rider/308-993

Form Schedule

Lead Form Number: 308-993

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	308-993	Certificate Amendment, Insert Page, Endorsement or Rider	Claim Account Rider	Initial		0	308-993.PDF
	22649CAR	Application/ Premium Allocation Enrollment Form		Initial		50	22649CAR.PDF

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

RIDER

Claim Account Rider

The benefits provided by this Rider are explicitly made a part of and incorporated into the Policy to which this Rider is attached.

- 1. What Is A Policy Series?** "Policy Series" means all Policies owned by a single Owner and purchased on the same Policy Effective Date.
- 2. What is the Claim Account?** An amount that will be included in your Alternative Cash Surrender Value ("ACSV") benefit on the date of the full surrender of the last Policy in the Policy Series if the conditions described herein are met.
- 3. What Investment Portfolio(s) are Available for the Claim Account?** When You apply for this Rider, You may select the Investment Portfolio in which the Claim Account will be invested. Only one Investment Portfolio may be selected for each Policy Series. Once this selection is made, it cannot be changed or withdrawn. The Claim Account may not be transferred to another Investment Portfolio.
- 4. What Is The Benefit Of This Rider?** Upon full surrender of the last Policy in the Policy Series, if You are eligible under the terms of the Policy to receive the ACSV, the value of the Claim Account attributable to the Policy Series will be included in Your ACSV benefit on the date of the full surrender.
- 5. What Is The Current Monthly Expected Mortality Cost for each Policy?** The Current Monthly Expected Mortality Cost is calculated on each Monthly Deduction Day and equals $(a \times b) \times (c - d)$, where:
 - (a) is the Mortality Percentage as shown on Rider Data Page 1;
 - (b) is the applicable Monthly Mortality Rate as shown on Rider Data Page 2 divided by 1,000;
 - (c) is the Life Insurance Benefit (as defined in the applicable Option 1 or Option 2 in the Life Insurance Benefit Section) divided by 1.00327;
 - (d) is the ACSV plus any Policy Debt as of the Monthly Deduction Day before the Monthly Claim Account Funding Amount is deducted but after the other Monthly Deduction Charges are deducted.The Net Amount at Risk is (c) minus (d).
- 6. What Is The Monthly Claim Account Funding Amount?** The Monthly Claim Account Funding Amount for each Policy is equal to the Current Monthly Expected Mortality Cost up to the amount of the current Monthly Cost of Insurance charge. The Monthly Claim Account Funding Amount will be deducted from the Monthly Cost of Insurance charge and used to fund the Claim Account for the Policy Series.
- 7. How Is The Value Of The Claim Account Attributable To A Policy Determined?** On the first Monthly Deduction Day, the value of the Claim Account for the Policy Series attributable to a Policy is equal to the Monthly Claim Account Funding Amount.

The portion of the Claim Account value attributable to the Policy on each subsequent Monthly Deduction Day will be equal to:

- (a) the value of the Claim Account attributable to the Policy as of the prior Monthly Deduction Day; less
- (b) the Net Amount at Risk portion of any death claims paid since the last Monthly Deduction Day for any Policy under the Policy Series. (This amount is deducted from the Claim Account value attributable to all remaining Policies in the Policy Series in proportion to the Claim Account value attributable to each such Policy relative to the Claim Account balance for the Policy Series); plus
- (c) the Monthly Claim Account Funding Amount; plus
- (d) the value of the Claim Account attributable to any surrendered Policy in the Policy Series that qualified to receive the ACSV and that was surrendered since the last Monthly Deduction Day. (This amount is added to the Claim Account value attributable to all remaining Policies in the Policy Series in proportion to the Claim Account value attributable to each such Policy relative to the Claim Account balance for the Policy Series); plus
- (e) the interest credited to the Claim Account value attributable to the Policy since the last Monthly Deduction Day. The Claim Account Minimum Guaranteed Interest Crediting Rate is indicated on the Rider Data Page 1. The interest credited to the Claim Account value attributable to the Policy at any time will be based on a rate of interest, which we declare periodically. Such rate will be declared at least annually.

Claim Account Rider (continued)

The Claim Account value attributable to the Policy is not available for Monthly Deduction Charges or for purposes of a loan or partial surrender. In addition, the value of the Claim Account attributable to the Policy will never be less than zero.

- 8. What Is The Effect Of A Surrender Of A Policy On The Claim Account?** Upon full surrender of an individual Policy that is not the last Policy in the Policy Series to be surrendered, if You are eligible under the terms of Your Policy to receive the ACSV, the portion of the Claim Account attributable to Your Policy will be zero for that Policy and instead the portion attributable to Your Policy before such surrender will be attributed to the remaining Policies in the Policy Series. Such attribution will be based on each Policy's pro rata portion of the total Claim Account balance for the entire Policy Series. The Claim Account value will be paid upon the surrender of the final Policy in the Policy Series.

If a claim for life insurance proceeds from a Policy is received after all surrender proceeds for a Policy Series have been paid, the life insurance proceeds will be reduced by the Claim Account balance paid on that Policy Series.

If You are not eligible under the terms of Your Policy to receive the ACSV when You surrender the Policy, any Claim Account value attributable to Your Policy will be zero and no amount will be attributed to the remaining Policies in the Policy Series.

- 9. When Is This Rider Effective?** This Rider becomes effective for Your Policy as of the date indicated on Rider Data Page 1.
- 10. When Does The Funding Of The Claim Account End?** Funding for the Claim Account will end on the first Monthly Deduction Day on or following the date Your Policy Series no longer covers the minimum number of lives shown on Rider Data Page 1. If We cease funding the Claim Account for this reason, funding for the Claim Account will not resume even if more lives are added to the Policy Series.
- 11. When Does This Rider End?** You can cancel this Rider by sending Us a signed written notice in a form acceptable to Us at Our Service Office. This Rider will end on the first Monthly Deduction Day on or following the date We receive Your request. Once cancelled, the Rider cannot be reinstated. Upon cancellation, any value in the Claim Account attributable to Your Policy will be zero.

This Rider will also end:

- on the policy anniversary on which the Insured is age 95;
- if the Policy ends or is surrendered;
- if You are not eligible for the ASCV;
- if the Policy to which this Rider is attached lapses. If the Policy lapses and is subsequently reinstated, this Rider will not be reinstated; or

If the Rider ends for any other reason and the Policy remains in effect, any Claim Account value attributable to Your Policy will be zero.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION



President



Secretary

Claim Account Rider

Data Page 1

RIDER EFFECTIVE DATE: [03/01/2008]

CLAIM ACCOUNT MINIMUM GUARANTEED INTEREST CREDITING RATE: [2.5%]

MORTALITY PERCENTAGE:	Policy Year 1	[60%]
	Policy Year 2	[80%]
	Policy Year 3	[100%]
	Policy Year 4	[100%]
	Policy Year 5	[100%]
	Policy Year 6	[100%]
	Policy Year 7	[100%]
	Policy Year 8	[100%]
	Policy Year 9	[100%]
	Policy Year 10	[100%]
	Policy Year 11	[100%]
	Policy Year 12	[100%]
	Policy Year 13	[100%]
	Policy Year 14	[100%]
	Policy Year 15	[100%]
	Policy Year 16	[100%]
	Policy Year 17	[100%]
	Policy Year 18	[100%]
	Policy Year 19	[100%]
	Policy Year 20+	[75%]

MINIMUM NUMBER OF LIVES: [20]

Claim Account Rider

Data Page 2

MONTHLY MORTALITY RATES, PER \$1,000

ATTAINED			ATTAINED		
AGE	MALE	FEMALE	AGE	MALE	FEMALE
18	[0.038	0.023	57	[0.466	0.244
19	0.040	0.023	58	0.527	0.280
20	0.042	0.024	59	0.593	0.322
21	0.044	0.024	60	0.667	0.371
22	0.046	0.024	61	0.752	0.425
23	0.049	0.024	62	0.850	0.487
24	0.052	0.024	63	0.961	0.558
25	0.055	0.024	64	1.085	0.637
26	0.058	0.025	65	1.219	0.723
27	0.061	0.025	66	1.363	0.811
28	0.063	0.026	67	1.515	0.901
29	0.065	0.028	68	1.670	0.986
30	0.067	0.029	69	1.829	1.065
31	0.068	0.031	70	1.999	1.151
32	0.070	0.033	71	2.189	1.255
33	0.071	0.035	72	2.405	1.386
34	0.071	0.037	73	2.638	1.542
35	0.071	0.040	74	2.883	1.714
36	0.072	0.043	75	3.155	1.910
37	0.074	0.046	76	3.470	2.135
38	0.078	0.050	77	3.845	2.395
39	0.083	0.054	78	4.284	2.683
40	0.089	0.059	79	4.779	2.996
41	0.096	0.064	80	5.322	3.344
42	0.104	0.069	81	5.906	3.739
43	0.113	0.073	82	6.523	4.191
44	0.122	0.077	83	7.150	4.691
45	0.132	0.081	84	7.793	5.229
46	0.144	0.086	85	8.489	5.828
47	0.158	0.093	86	9.275	6.507
48	0.175	0.101	87	10.192	7.287
49	0.194	0.109	88	11.253	8.176
50	0.215	0.119	89	12.437	9.164
51	0.240	0.131	90	13.736	10.247
52	0.268	0.145	91	15.137	11.420
53	0.299	0.159	92	16.630	12.679
54	0.332	0.174	93	18.259	14.027
55	0.369	0.191	94	20.043	15.474]
56	0.413	0.214]			

**New York Life Insurance and Annuity Corporation
Supplementary Application**

**PREMIUM ALLOCATION FORM FOR
NYLIAC MODIFIED SINGLE PREMIUM UNIVERSAL LIFE (BOLI 30/50)**

Applicant/Owner's Name _____

INVESTMENT PORTFOLIOS

Please be sure that your premium allocations to the Investment Portfolios below equal 100%.

Yield Portfolio %
Quality Portfolio %
Yield Plus Portfolio %
AA Portfolio %
Total Must Equal.....100%

CLAIM ACCOUNT ALLOCATION

Please check one box below to indicate to which Investment Portfolio the Claim Account will be allocated.

Yield Portfolio ☐
Quality Portfolio ☐
Yield Plus Portfolio ☐
AA Portfolio ☐

APPLICANT/OWNER SIGNATURE

By signing below, We also represent that the policy(ies) being applied for:

- is/are not being purchased, and will not be maintained or held, by a "benefit plan investor";
- is/are not being purchased on behalf of a "benefit plan investor" and
- is/are not being purchased with assets of a "benefit plan investor".

Further, We represent that the policy(ies) will not be transferred or assigned to a "benefit plan investor," and that the policy(ies) will not become or be considered as an asset of a "benefit plan investor."

The ERISA definition of a "benefit plan investor" is provided on page 2 of this document.

Applicant/Owner Signature _____ Date _____

Other Required Signature _____ Date _____

Served by: New York Life Advanced Markets Network, Attention: Executive Benefits,
11400 Tomahawk Creek Parkway, Suite 200, Leawood, KS 66211, Toll Free (888) 695-4748
Issued by: New York Life Insurance and Annuity Corporation, 51 Madison Avenue, New York, NY 10010

For these purposes a "benefit plan investor" is any of the following:

- a. an "employee benefit plan" as defined in Section 3(3) of ERISA, that is subject to Part 4 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), (which may, for example, include, an arrangement described under Section 401(a) and/or 403(B) of the Internal Revenue Code of 1986, as amended ("Code"), a welfare plan, or a nonqualified deferred compensation plan that is subject to part 4 of Title I of ERISA);
- b. a plan to which Section 4975 of the Code applies (which may, for example, include a trust described in Code Section 401(a) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Sections 408(a) or 408A, an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d), a health savings account described in Code Section 223(d) or an education individual retirement account described in Code Section 530);
- c. an entity whose underlying assets include plan assets (within the meaning of the Department of Labor Regulation, 29 C.F.R. Section 2510.3-101 as modified by Section 3(42) of ERISA) by reason of a plan's investment in such entity; or an entity that otherwise constitutes a "benefit plan investor" within the meaning of the Department of Labor Regulation, 29 C.F.R. Section 2510.3-101 as modified by Section 3(42) of ERISA, which may, for example, include an insurance company general account, an insurance company separate account, or a collective investment fund.

<i>SERFF Tracking Number:</i>	<i>NYPX-125958479</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>308-993</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>BOLI 30 & 50 Claim Account Rider</i>		
<i>Project Name/Number:</i>	<i>BOLI 30 & 50 Claim Account Rider/308-993</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NYPX-125958479 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41162
Company Tracking Number: 308-993
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: BOLI 30 & 50 Claim Account Rider
Project Name/Number: BOLI 30 & 50 Claim Account Rider/308-993

Supporting Document Schedules

Review Status:
Satisfied -Name: Cover Letter 12/19/2008
Comments:
Attachment:
Cover Letter.PDF

Review Status:
Satisfied -Name: Memorandum Of Variable Material 12/19/2008
for Forms 308-993 and 22649CAR
Comments:
Attachment:
Memorandum Of Variable Material for Forms 308-993 and 22649CAR.PDF

Review Status:
Satisfied -Name: Bracketed Premium Allocation 12/19/2008
Form
Comments:
Attachment:
Bracketed Premium Allocation Form.PDF

Review Status:
Satisfied -Name: Readability Certification 12/19/2008
Comments:
Attachment:
Readability Certification.PDF

December 19, 2008

Hon. Julie Benafield Bowman
Insurance Commissioner
Arkansas Insurance Department
Division of Compliance
Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: New York Life Insurance and Annuity Corporation (NYLIAC)
Individual Life Insurance
NAIC # 82691596
FEIN #13-3044743
Form No. 308-993 – Rider
Form No. 22649CAR – Supplementary Application

Dear Commissioner:

We are attaching for your Department's approval a new rider, form 308-993 titled, *Claim Account Rider* and premium allocation form 22649CAR, title *Supplementary Application*. These forms do not replace any forms previously approved by your Department.

This Rider will be used with our previously approved Modified Single Premium Universal Life Insurance Policy, Form 305-70 approved by your Department on February 1, 2006 under the 1980 CSO mortality table basis as well as with the updated 2001 CSO mortality table effective January 1, 2009 (approved by your Department on December 20, 2007).

This Rider is available to bank Policyowners that seek to increase the Alternative Cash Surrender Value ("ACSV") of their Policy Series. A Policy Series is comprised of Policies purchased on the same date by the same owner. Pursuant to the terms of the Rider, upon the full surrender of the last Policy in a Policy Series, if certain conditions are met, the value of the Claim Account will be included as part of the ACSV.

The Claim Account will generally be funded on a monthly basis by Cost of Insurance charges. The Claim Account value will be reduced by the net amount at risk as deaths occur.

This Rider will be offered to owners of Policy Series for newly issued and inforce cases issued where appropriate on or after your Department's approval.

We are also including for your Department's approval, form 22649CAR, which is a supplement to the application. Policy owners can use this form to indicate how premiums should be allocated among the available investment portfolios and to indicate

in which investment portfolio the Claim Account will be invested. Although Policyowners can allocate premium to more than one investment portfolio, the Claim Account for a Policy Series can only be invested in a single investment portfolio. The selection of investment portfolio for the Claim Account is irrevocable, and the Claim Account may not be transferred to another investment portfolio. This form is similar to previously approved supplementary application form 22649 11/05, which was approved by your Department along with the above mentioned Policy form, but for the addition of the Claim Account Allocation Section and the benefit plan investor status disclosure that appears above the signature line.

Once approved, we would like to add or delete investment portfolios without resubmitting the form for approval. We will provide the edition date on the form showing the month and year of the revision to the form if a minor change is made. A copy of the bracketed form is attached.

I hope that this information is satisfactory and that we receive your Department's approval of this submission at your earliest convenience. If you need additional information, please feel free to contact Diana Moody via email at dmoody@nyl.com or toll-free at 1-888-695-4748 ext 4064.

Sincerely,

A handwritten signature in cursive script, reading "Linda E. LoPinto".

Linda E. LoPinto
Corporate Vice President
Individual Life Department

Attachments

New York Life Insurance and Annuity Corporation
Memorandum Of Variable Material

Claim Account Rider Form 308-993
Supplementary Application Form 22649CAR

Rider Form – 308-993

The data page fields vary as follows:

1. Rider Effective Date: The date the rider is issued.
2. Claim Account Minimum Guaranteed Interest Crediting Rate: This may vary by class between 0% - 4.5% for the crediting rate. The actual crediting rate will never be less than the Claim Account Minimum Guaranteed Interest Rate, and may vary based upon the Investment Portfolio's net yield, which is dependent upon interest rates, credit spreads, default rates, asset allocation and other factors.
3. Mortality Percentage: This may vary by class between 40% - 120% and will be set to equal a percentage of Monthly Mortality Rates. These may vary based upon the anticipated mortality risk associated with each class.
4. Minimum Number Of Lives: This may vary by based upon the number of lives insured for each class but will not exceed 100.
5. Monthly Mortality Rates: Rates may be changed based on expectations of mortality.

Supplementary Application – Premium Allocation 22649CAR

1. Marketing Name could vary if policy form/market is enhanced.
2. The current investment options are Yield Portfolio, Quality Portfolio, Yield Plus Portfolio and AA Portfolio. Additional investment options may be added or deleted.

**New York Life Insurance and Annuity Corporation
Supplementary Application**

**PREMIUM ALLOCATION FORM FOR
NYLIAC MODIFIED SINGLE PREMIUM UNIVERSAL LIFE #1[(BOLI 30/50)]**

Applicant/Owner's Name _____

INVESTMENT PORTFOLIOS

Please be sure that your premium allocations to the Investment Portfolios below equal 100%.

#2[Yield Portfolio %
Quality Portfolio %
Yield Plus Portfolio %
AA Portfolio %]
Total Must Equal.....100%

CLAIM ACCOUNT ALLOCATION

Please check one box below to indicate to which Investment Portfolio the Claim Account will be allocated.

#2[Yield Portfolio ☐
Quality Portfolio ☐
Yield Plus Portfolio ☐
AA Portfolio..... ☐]

APPLICANT/OWNER SIGNATURE

By signing below, We also represent that the policy(ies) being applied for:

- is/are not being purchased, and will not be maintained or held, by a "benefit plan investor";
- is/are not being purchased on behalf of a "benefit plan investor" and
- is/are not being purchased with assets of a "benefit plan investor".

Further, We represent that the policy(ies) will not be transferred or assigned to a "benefit plan investor," and that the policy(ies) will not become or be considered as an asset of a "benefit plan investor."

The ERISA definition of a "benefit plan investor" is provided on page 2 of this document.

Applicant/Owner Signature _____ Date _____

Other Required Signature _____ Date _____

Served by: New York Life Advanced Markets Network, Attention: Executive Benefits,
11400 Tomahawk Creek Parkway, Suite 200, Leawood, KS 66211, Toll Free (888) 695-4748
Issued by: New York Life Insurance and Annuity Corporation, 51 Madison Avenue, New York, NY 10010

For these purposes a "benefit plan investor" is any of the following:

- a. an "employee benefit plan" as defined in Section 3(3) of ERISA, that is subject to Part 4 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), (which may, for example, include, an arrangement described under Section 401(a) and/or 403(B) of the Internal Revenue Code of 1986, as amended ("Code"), a welfare plan, or a nonqualified deferred compensation plan that is subject to part 4 of Title I of ERISA);
- b. a plan to which Section 4975 of the Code applies (which may, for example, include a trust described in Code Section 401(a) which forms a part of a plan, which trust or plan is exempt from tax under Code Section 501(a), a plan described in Code Section 403(a), an individual retirement account described in Code Sections 408(a) or 408A, an individual retirement annuity described in Code Section 408(b), a medical savings account described in Code Section 220(d), a health savings account described in Code Section 223(d) or an education individual retirement account described in Code Section 530);
- c. an entity whose underlying assets include plan assets (within the meaning of the Department of Labor Regulation, 29 C.F.R. Section 2510.3-101 as modified by Section 3(42) of ERISA) by reason of a plan's investment in such entity; or an entity that otherwise constitutes a "benefit plan investor" within the meaning of the Department of Labor Regulation, 29 C.F.R. Section 2510.3-101 as modified by Section 3(42) of ERISA, which may, for example, include an insurance company general account, an insurance company separate account, or a collective investment fund.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

READABILITY CERTIFICATION

**I certify that the forms listed on the attached page(s) meet the standards of your
State's Readability Laws.**

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION



Signature

Linda E. LoPinto

Name

Corporate Vice President

Title

December 19, 2008

Date

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Flesch Scores from forms submitted with this filing are:

<u>Form No.</u>	<u>Flesch Score</u>
308-993	55
22649CAR	50